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DATE: May 7, 2020

MONTGOMERY COUNTY, MARYLAND

TITLE: Department Directions for Personal Protective Equipment During COVID-19

REVISION: June 3, 2020

(PRESS CTRL + CLICK TO FOLLOW LINKS)

PURPOSE

1.0 To provide guidance to Montgomery County Government Departments on Personal Protective Equipment (PPE) requirements during the COVID-19 pandemic.

DEFINITIONS

- 2.0 <u>Masks:</u> Masks generally refer to surgical type masks, also called procedure masks. Personnel are not fit tested for masks.
- 2.1 <u>Respirators:</u> Respirators are respiratory protection approved by the National Institute for Occupational Safety and Health (NIOSH). The most common type of respirator used for healthcare workers is the N95 mask. N95 is a NIOSH rating but does not refer to a brand or style.
 - A. On some occasions personnel are provided a respirator for which they have not been fit tested on. When that happens, the respirator can only be used as a mask.
 - B. A respirator used as a mask is highly likely to provide greater protection than a mask even without a fit test.

POLICY

- 3.0 The Occupational Safety and Health Administration (OSHA) has issued requirements applying to preventing occupational exposure to COVID-19.
- 3.1 Among the most relevant requirements are:
 - A. OSHA's Personal Protective Equipment standards (in General Industry, 29 CFR 1910 Subpart I), which require using gloves, eye and face protection, and respiratory protection when job hazards warrant it.
 - B. When respirators are necessary to protect workers, employers must implement a comprehensive respiratory protection program in accordance with the Respiratory Protection standard (29 CFR 1910.134). **Please note OSHA has relaxed the requirements on fit testing and medical questioning during this event.
 - C. The General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health (OSH) Act of 1970, 29 USC 654(a)(1), which requires employers to furnish to



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each worker "...employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm..."

- D. In addition, OSHA is requiring that COVID-19 be a recordable illness if a worker is infected as a result of performing their work-related duties. The requirements for a recordable case are:
 - 1. The case is a confirmed case of COVID-19 (see CDC information on persons under investigation and presumptive positive and laboratory-confirmed cases of COVID-19); and
 - 2. The case is work-related, as defined by 29 CFR 1904.5; and,
 - 3. The case involves one or more of the general recording criteria set forth in 29 CFR 1904.7 (e.g. medical treatment beyond first-aid, days away from work, etc.).
- E. The steps each Department with employees with potential occupational exposures to COVID-19 should follow:
 - 1. Assess the hazards to which workers may be exposed,
 - 2. Evaluate the risk of exposure,
 - 3. Select, implement, and ensure workers use controls to prevent exposure, including physical barriers to control the spread of the virus; social distancing; and appropriate personal protective equipment, hygiene, and cleaning supplies, and -
 - 4. If PPE is required some simple training will be required.

PROCEDURES

- 4.0 Masks & Respirators Use, Cleaning, & Storage (this applies to all Departments):
 - A. For clarification on N95's and surgical masks, please see Appendix A (attached).
 - B. For comparisons of N95's to 3M and surgical masks, please see Appendix B (attached).
 - C. Refer to Appendix F for instructions on how to properly don (put on) and doff (remove) Personal Protective Equipment.



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- D. The Safety Section typically recommends surgical masks being single use. Due to the County usage rate, a backup plan is required.
 - 1. There are provisions for a single employee to use a single mask more than once during a shift. This is called "Extended Use." National Institute for Occupational Safety and Health (NIOSH) has made allowances for extended use during the COVID-19 pandemic.
 - 2. After the safety assessment, if the employee needs to reuse the mask, please follow the instructions provided above.
- E. For instructions on use of cloth face coverings see link:

 https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html
- F. For COVID-19 Employee Face Mask/Covering Guidance:

 <u>Montgomery County Government COVID-19 Employee Face Mask/Covering Guidance</u>, Office of Human Resources
- G. For MCG Employee Face Mask/Covering Guidance Fact Answers and Questions
 (FAQ)
 MCG Employee Face Mask/Covering Guidance Fact Answers and Questions
 (FAQ), Office of Human Resources

(PRESS CTRL+CLICK TO FOLLOW LINKS)

DEPARTMENTS AFFECTED

5.0 All County Departments

APPENDICES

Appendix A – Understanding the Difference Between a Surgical Mask and N95 Respirator

Appendix B – Surgical N95 vs. N95 Respirator

Appendix C – CDC Facial Hair and Respirators

Appendix D – How to Perform a Respirator Seal Check

Appendix E – Frequently Asked Questions About Respirator Seal Checks

Appendix F – Donning and Doffing of Personal Protective Equipment

Appendix G – Seven Steps to Correctly Wear a Respirator at Work (OSHA)



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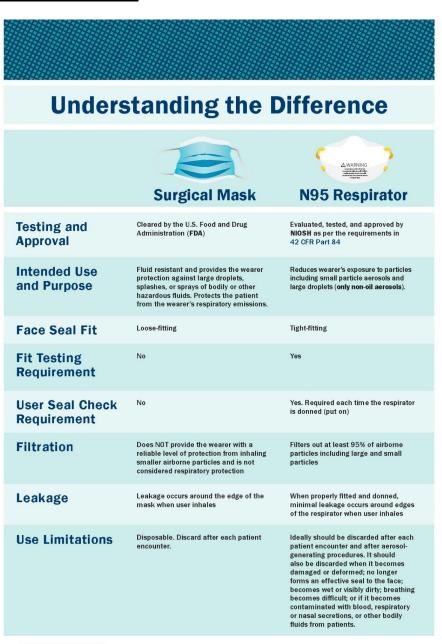
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APPENDIX A: UNDERSTANDING THE DIFFERENCE BETWEEN A SURGICAL MASK AND N95 RESPIRATOR







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APPENDIX B: SURGICAL N95 vs. N95 RESPIRATOR



Technical Bulletin

March, 2020 Revision 2

Surgical N95 vs. Standard N95 - Which to Consider?

Description

This is a general document that is not specific to any particular airborne contaminant, including viruses and bacteria, and that is intended for a sophisticated occupational audience.

The following discussion is intended to help you differentiate standard versions and surgical versions of N95 particulate filtering facepiece respirators.

NIOSH-Approved N95 Respirators

Particulate respirators are designed to help reduce the wearer's exposure to airborne particulate hazards. In the U.S., respirators are tested and certified by the U.S. National Institute of Occupational Safety and Health (NIOSH). NIOSH tests and certifies respirators based on their physical and performance characteristics, including filtration efficiency. For example, N95-rated filtering facepiece respirators have a filtration efficiency of at least 95% against non-oily particles when tested using the NIOSH criteria. The particles used to test the filtration are in a size range that is considered the most penetrating. Therefore, the test methods ensure that the filter media can filter particles with at least 95% efficiency.

FDA-Cleared Surgical Masks

Surgical masks, in contrast, are designed to be worn by healthcare professionals during surgery and other medical tasks, to help prevent contamination of the surgical field and/or the patient by capturing liquid droplets that are expelled by the wearer. Surgical masks are cleared for use as medical devices by the U.S. Food and Drug Administration (FDA), or equivalent agencies outside the U.S. That clearance is based on data and proposed claims provided by the manufacturer to the FDA for review, in which the FDA evaluates and then "clears" for those products that meet their requirements. Because surgical masks are meant for use during surgeries, a key performance requirement is fluid resistance – the ability of masks to resist penetration by high-pressure streams of liquid, such as those that might result from a human artery being punctured during surgery.¹

Additional information about the differences between surgical masks and N95 respirators cab be found in the NIOSH infographic Understanding the Difference Between Surgical Masks and N95 Respirators.

Surgical N95 Respirators

Surgical N95 respirators are both approved by NIOSH as an N95 respirator and also cleared by the FDA as a surgical mask. These products are frequently referred to as medical respirators, healthcare respirators, or surgical N95s.

Comparing Standard N95s to Surgical N95s

Putting this all together will help you differentiate between a standard NIOSH-approved N95 respirator and a surgical N95 respirator. While similar in appearance, the key difference is the fluid resistance and the resulting FDA clearance of surgical N95s. But when is that fluid resistance necessary?



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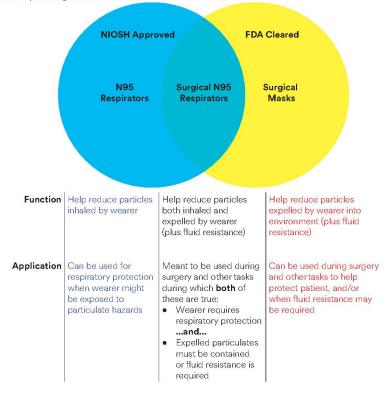
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3M Personal Safety Division

Many tasks performed by healthcare workers – such as patient intake and non-emergency patient evaluation – pose little risk of generating high-pressure streams of liquid and are not conducted in a sterile field. For workers performing such tasks, a primary potential hazard to consider is airborne droplet containing viruses and bacteria, such as those generated by coughs and sneezes, which can be effectively filtered by a properly selected and worn N95 respirator.

Therefore, if a healthcare facility is prioritizing respirator use – due to limited supply during a health emergency – they may want to consider prioritizing use of surgical N95 respirators for those healthcare workers requiring respiratory protection while performing surgery or other tasks that may expose them to high pressure streams of bodily fluid or conducting work in a sterile field. The US Centers for Disease Control and Prevention (CDC), in their webpage Frequently Asked Questions about Personal Protective Equipment, says, "In times of shortage, only healthcare professionals who are working in a sterile field or who may be exposed to high velocity splashes, sprays, or splatters of blood or body fluids should wear these [surgical N95] respirators, such as in operative or procedural settings." For other workers who will not be performing such surgical procedures or do not need to maintain a sterile field, a standard non-surgical N95 (or equivalent) respirator can be worn to help reduce those workers' exposure to patient-generated airborne viruses and bacteria.





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The following chart demonstrates some key similarities and differences between three respirator models. The 8210 is a standard N95 respirator, while the 1860 and 1870+ are both surgical N95 respirators.

	Standard N95 Respirator	Surgical N95 Respirator	Surgical N95 Respirator
	3M Model 8210	3M Model 1860	3M Model 1870+
Designed to help protect the wearer from exposure to airborne particles (e.g. Dust, mist, fumes, fibers, and bioaerosols, such viruses and bacteria)	~	~	~
Designed to fit tightly to the face and create a seal between the user's face and the respirator	~	~	~
Meets NIOSH 42 CFR 84 N95 requirements for a minimum 95% filtration efficiency against solid and liquid aerosols that do not contain oil	~	~	~
Cleared by the U.S. FDA as a surgical mask	×	~	~
Not made with natural rubber latex	~	~	~
Fluid Resistant - Meets ASTM Test Method F1862 "Resistance of Medical Face Masks to Penetration by Synthetic Blood" which determines the mask's resistance to synthetic blood directed at it under varying high pressures. ¹	*	120 mm Hg	160 mm Hg

For a list of 3M medical facemasks and surgical respirators, see this 3M Masks and Respirators Brochure.

Notes

ASTM F1862 is a standard test method for resistance of medical facemasks to penetration by synthetic blood. This test is required because during certain medical procedures, a blood vessel may occasionally be punctured, resulting in a high-velocity stream of blood impacting a protective medical facemask. The test procedure specifies that a mask or respirator is conditioned in a high-humidity environment to simulate human use and is placed on a test holder. Synthetic



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blood (2cc) is shot horizontally at the mask at a distance of 30 cm (12 inches). Surgical masks and respirators are tested on a pass/fail basis at three velocities corresponding to the range of human blood pressure (80, 120, and 160 mmHg). The inside of the mask is then inspected to see if any synthetic blood has penetrated to the inside of the facemask. Fluid resistance according to this test method is when the device passes at any level.

Frequently Asked Questions about Personal Protective Equipment, U.S. Centers for Disease Control and Prevention, updated February 29, 2020.

Personal Safety Division

3M Center, Building 235-2W-70 St. Paul, MN 55144-1000 3M PSD products are occupational use only.

In United States of America Technical Service: 1-800-243-4630

Customer Service: 1-800-328-1667

Gustomer Service:
3M.com/workersafety
In Canada
Technical Service:
Customer Service:
3M.ca/Safety 1-800-267-4414 © 3M 2020. All rights reserved. 3M is a trademark of 3M Company and its affiliates.

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Por favor Recicle.





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APPENDIX C: CDC FACIAL HAIR AND RESPIRATORS



APPENDIX D: HOW TO PERFORM A RESPIRATOR SEAL CHECK

User Seal Check Instructions



Hold respirator in hand with molded nose contour (narrow end) at finger tips, allowing headstraps to fall below hand.

Discard respirator when damaged, soiled or causing noticeably increased breathing resistance or discomfort. Respirators cannot be disinfected.



Place respirator under chin with molded nose contour (narrow end) up. Nose cushion must not be folded inside respirator. Raise top strap to top back of head. Pull shorter bottom strap over head, below ears, to rest around the neck. (Do not wear with only one strap because it may affect fit.) Adjust respirator for comfortable fit.



Fit-check the seal each time the user enters a contaminated area. Cover front of respirator by cupping both hands. INHALE SHARPLY. A negative pressure should be felt inside the respirator. If any leakage is detected at respirator edges, reposition respirator and/or select another size and perform fit test. Repeat until sealed properly, otherwise see your supervisor. (Entry into a contaminated area with an improper fit may result in sickness or death.)



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APPENDIX E: FREQUENTLY ASKED QUESTIONS ABOUT RESPIRATOR SEAL CHECKS

Filtering out Confusion: Frequently Asked Questions about Respiratory Protection

User Seal Check

Over 3 million United States employees in approximately 1.3 million workplaces are required to wear respiratory protection. The Occupational Safety and Health Administration (OSHA) (29 CFR 1910.134) requires an annual fit test to confirm the fit of any respirator that forms a tight seal on the wearer's face before it is used in the workplace. Once a fit test has been done to determine the best respirator model and size for a particular user, a user seal check should be done every time the respirator is to be worn to ensure an adequate seal is achieved.



What is a User Seal Check?

A user seal check is a procedure conducted by the respirator wearer to determine if the respirator is being properly worn. The user seal check can either be a positive pressure or negative pressure check.

During a **positive pressure user seal check**, the respirator user **exhales** gently while blocking the paths for air to exit the facepiece. A successful check is when the facepiece is slightly pressurized before increased pressure causes outward leakage.

During a **negative pressure user seal check**, the respirator user **inhales** sharply while blocking the paths for air to enter the facepiece. A successful check is when the facepiece collapses slightly under the negative pressure that is created with this procedure.

A user seal check is sometimes referred to as a fit check. A user seal check should be completed each time the respirator is donned (put on). It is only applicable when a respirator has already been successfully fit tested on the individual.

How do I do a User Seal Check while Wearing a Filtering Facepiece Respirator?

Not every respirator can be checked using both positive and negative pressure. Refer to the manufacturer's instructions for conducting user seal checks on any specific respirator. This information can be found on the box or individual respirator packaging.

The following positive and negative user seal check procedures for filtering facepiece respirators are provided as examples of how to perform these procedures.





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How to do a positive pressure user seal check

Once the particulate respirator is properly donned, place your hands over the facepiece, covering as much surface area as possible. Exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure is being built up inside the facepiece without any evidence of outward leakage of air at the seal. Examples of such evidence would be the feeling of air movement on your face along the seal of the facepiece, fogging of your glasses, or a lack of pressure being built up inside the facepiece.

If the particulate respirator has an exhalation valve, then performing a positive pressure check may be impossible. In such cases, a negative pressure check should be performed.

How to do a negative pressure user seal check



Negative pressure seal checks are typically conducted on particulate respirators that have exhalation valves. To conduct a negative pressure user seal check, cover the filter surface with your hands as much as possible and then inhale. The facepiece should collapse on your face and you should not feel air passing between your face and the facepiece.

In the case of either type of seal check, if air leaks around the nose, use both hands to readjust the nosepiece by placing your fingertips at the top of the metal nose clip. Slide your fingertips down both sides of the metal strip to more efficiently mold the nose area to the shape of your nose. Readjust the straps along the sides of your head until a proper seal is achieved.2

If you cannot achieve a proper seal due to air leakage, you may need to be fit tested for a different respirator model or size.

Can a user seal check be considered a substitute for a fit testing?

No. The user seal check does not have the sensitivity and specificity to replace either fit test methods, qualitative or quantitative, that are accepted by OSHA (29 CFR 1910.134). A user should only wear respirator models with which they have achieved a successful fit test within the last year. NIOSH data suggests that the added care from performing a user seal check leads to higher quality donnings (e.g., reduces the chances of a donning with a poor fit).3

Where can I Find More Information?

This information and more is available on the NIOSH Respirator Trusted-Source webpage.

- OSHA [1998]. Respiratory Protection. 29 CFR 1910.134. Final rule. Fed Regist 63:1152-1300.
- 1. OSHA [1998]. Respiratory Protection. 29 CFR 1910.134. Final rule. Fed Regist 6.3:1152-1300.
 2. NIOSH [2010]. How to properly put on and take off a disposable respirator. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Insitute for Occupational Safety and Health, DHHS (NIOSH) Publication No. 2010-133 https://www.wode.gov/niosh/docs/2010-133/pdfs/2010-133.pdf
 3. Viscusi DJ, Bergman MS, Zhuang Z, and Shaffer RE [2012]. Evaluation of the benefits of the user seal check on N95 filtering facepiece respirator fit. J Occup and EvironI Hyg. 9(6):408-416.
- Photos courtesy of NIOSH

riosir. i: 1-800-CDC-INFO (1-800-232-4636) TTY: 1-888-232-6348 CDC INFO: www.cdc.gov/ sit the NIOSH Web site at www.cdc.gov/NIOSH. uthly update on news at NIOSH, subscribe to NIOSH eNews by visiting www.cdc.gov/niosh/



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APPENDIX F: DONNING AND DOFFING (REMOVING) OF PERSONAL PROTECTIVE

EQUIPMENT (PPE).

SEQUENCE FOR DONNING PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required; e.g., Standard and Contact, Droplet or Airborne Infection Isolation.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist

2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

3. GOGGLES OR FACE SHIELD

Place over face and eyes and adjust to fit

4. GLOVES

Extend to cover wrist of isolation gown



SECUENCIA PARA PONERSE EL EQUIPO DE PROTECCIÓN PERSONAL (PPE)

El tipo de PPE que se debe utilizar depende del nivel de precaución que sea necesario, por ejemplo, equipo Estándar y de Contacto o de Aislam por gotas o por aire.

1. BATA

- Cubra con la bata todo el torso desde el cuello hasta las rodillas, los brazos hasta la muñeca y dóblela alrededor de la espalda
- Atesela por detrás a la altura del cuello y la cintura

2. MÁSCARA O RESPIRADOR

- Asegúrese los cordones o la banda elástica en la mitad de la cabeza y en el cuello
- Aiústese la banda flexible en el puente de la nariz
- Acomódesela en la cara y por debajo del mentón
- Verifique el ajuste del respirador

3. GAFAS PROTECTORAS O CARETAS

Colóquesela sobre la cara y los ojos y ajústela

4. GUANTES

Extienda los guantes para que cubran la parte del puño en la bata de aislamiento



- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

UTILICE PRÁCTICAS DE TRABAJO SEGURAS PARA PROTEGERSE USTED MISMO Y LIMITAR LA PROPAGACIÓN DE LA CONTAMINACIÓN

- Mantenga las manos alejadas de la cara
- Limite el contacto con superficies
- Cambie los guantes si se rompen o están demasiado contaminados
- Realice la higiene de las manos

SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)

Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door.

1. GLOVES

- Outside of gloves is contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glovet
- Discard gloves in waste container

2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield is contaminated!
- To remove, handle by head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container

- Gown front and sleeves are contaminated!
- Unfasten ties
- Pull away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard

4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated DO NOT TOUCH!
- Grasp bottom, then top ties or elastics and remove







SECUENCIA PARA QUITARSE EL EQUIPO DE PROTECCIÓN PERSONAL (PPE)

Con la excepción del respirador, quítese el PPE en la entrada de la puerta o en la antesalc Quítese el respirador después de salir de la habitación del paciente y de cerrar la puerta.

- ¡El exterior de los guantes está contaminado! Agarre la parte exterior del guante con la mano opuesta en la que todavia tiene puesto el guante y quiteselo
 Sostenga el guante que se quitó con la mano enguantada
- Deslice los dedos de la mano sin guante por debajo del otro guante que no se ha quitado todavía a la altura de la muñeca
- Quitese el guante de manera que acabe cubriendo el primer
- guante

 Arroje los guantes en el recipiente de deshechos

2. GAFAS PROTECTORAS O CARETA

- ¡El exterior de las gafas protectoras o de la careta está contaminado!
- Para quitárselas, tómelas por la parte de la banda de la cabeza o de las piezas de las orejas
- Colóquelas en el recipiente designado para reprocesar materiales o de materiales de deshecho

3 RATA

- Ila parte delantera de la bata y las mangas están contaminadas!
- Desate los cordones
- Tocando solamente el interior de la bata, pásela por encima del cuello y de los hombros
- Voltee la bata al revés
- Dóblela o enróllela y deséchela

4. MÁSCARA O RESPIRADOR

- La parte delantera de la máscara o respirador está contaminada INO LA TOQUEI Primero agarre la parte de abajo, luego los cordones o banda elástica de arriba y por último quítese la máscara o respirador
- Arrójela en el recipiente de deshechos

IGIENE DE LAS MANOS INMEDIATAMENTE DESPUÉS DE QUITARSE CUALQUIER EQUIPO DE PROTECCIÓN PERSONAL





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APPENDIX G: SEVEN STEPS TO CORRECTLY WEAR A RESPIRATOR AT WORK



Seven Steps to Correctly Wear a Respirator at Work

Following these simple steps will help you properly put on and take off your respirator, and keep you and everyone else safe.

Wash Your Hands



Wash your hands with soap and water or alcohol-based hand rubs containing at least 60% alcohol.

2 Inspect the Respirator



Inspect the respirator for damage. If it appears damaged or damp, do not use it.

O Put on the Respirator



Cup the respirator in your hand with the nosepiece at your fingertips and the straps hanging below your hand.



Cover your mouth and nose with the respirator and make sure there are no gaps (e.g., facial hair, hair, and glasses) between your face and the respirator.



Place the strap over your head and rest at the top back of your head. If you have a second strap, place the bottom strap around your neck and below your ears. Do not crisscross straps.



If your respirator has a metal nose clip, use your fingertips from both hands to mold the nose area to the shape of your nose.

4 Adjust the Respirator



Place both hands over the respirator. Inhale quickly and then exhale. If you feel leakage from the nose, readjust the nosepiece; if leakage from the respirator edges, readjust the straps.



Repeat until you get a proper seal. If you can't get a proper seal, try another respirator.

5 Wear the Respirator

Avoid touching the respirator while using it. If you do, wash your hands.

Note: If you reuse your respirator, wear gloves when inspecting and putting on the respirator. Avoid touching your face (including your eyes, nose, and mouth) during the process.



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6 Remove the Respirator



Wash your hands.



Remove the respirator from behind. Do not touch the front.

Dispose of the Respirator



If the respirator does not need to be reused because of supply shortages, discard it in a closed-bin waste receptacle. Wash your hands.

For more information, see the quick video, "Putting On and Taking Off a Respirator".





1-800-321-OSHA (6742) TTY 1-877-889-5627

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